



Massachusetts Department of Environmental Protection
Bureau of Resource Protection – Drinking Water Program

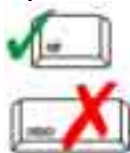
Form WS1

Notice of Plumbing Inspector Approval to Seal Floor Drain

Note: This Notice is not applicable to any facility where the floor drain is connected to a Municipal Sewer System.

Important:

When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key.



Facility Information:

_____ Company Name		_____ UIC ID #
_____ Street Address		_____ Nature of Business
_____ State	_____ Zip Code	_____ City/Town
_____ Facility Owner Name		_____ Phone Number
Request to Seal:		_____ number of floor drains

Any additions or alterations to the system are not permissible without the approval of the local plumbing inspector. All seals must be in compliance with 248 CMR. This form must show the signature of both the Facility Owner and the Local Plumbing Inspector before a copy may be filed with DEP.

Upon approval by the Local Plumbing Inspector, a completed copy of this notice shall be filed immediately with the DEP Underground Injection Control (UIC) Program at the address below. In addition, upon completion of all necessary work, the applicant shall file a completed DEP UIC Notification Form to the same address.

_____ Facility Owner Signature	_____ Date	
_____ Approval/Signature of Local Plumbing Inspector	_____ Date	_____ Plumbing Permit #
Plumbing Inspector for the City/Town of:	_____ City/Town Name	

The Facility Owner shall send the completed forms to the appropriate MA DEP Regional Office:

UIC Program, DEP Northeast Regional Office, 1 Winter Street, Boston, MA 02108
UIC Program, DEP Southeast Regional Office, 20 Riverside Dr., Lakeville, MA 02347
UIC Program, DEP Central Regional Office, 627 Main Street, Worcester, MA 01608
UIC Program, DEP Western Regional Office, State House West, 4th Floor, 436 Dwight Street, Springfield, MA 01103

For questions and/or additional information, please call the UIC Program Coordinator:
DEP Boston Office 617-348-4014

Or the appropriate Regional DEP Office:
Western 413-784-1100 ext. 214
Central 508-792-7683
Northeast 617-654-6614
Southeast 508-946-2714

Send duplicate copies of this form to:

Local Board of Health